

<b>2017 Regence HealthFirst</b>	<b>Employee Monthly Premium</b>	<b>Employer Monthly Premium</b>	<b>Total Monthly Premium</b>
Employee	0	737.62	737.62
Employee/Spouse	74.32	1406.49	1480.81
Employee/Spouse/Child	110.88	1735.59	1846.47
Employee/Spouse/Children	141.18	2008.28	2149.46
Employee/Child	36.57	1066.71	1103.28
Employee/Children	66.86	1339.41	1406.27
<b>2017 Group Health \$10 Copay</b>	<b>Employee Monthly Premium</b>	<b>Employer Monthly Premium</b>	<b>Total Monthly Premium</b>
Employee	0	598.11	598.11
Employee/Spouse	58.93	1128.49	1187.42
Employee/Spouse/Child	88.97	1398.88	1487.85
Employee/Spouse/Children	119.02	1669.26	1788.28
Employee/Child	30.04	868.50	898.54
Employee/Children	60.09	1138.88	1198.97
<b>2017 Regence HDHP w/HS POLICE and TEAMSTERS ONLY</b>	<b>Employee Monthly Premium</b>	<b>Employer Monthly Premium</b>	<b>Total Monthly Premium</b>
Employee	0.00	441.90	441.90
Employee/Spouse	0.00	889.25	889.25
Employee/Spouse/Child	0.00	1113.55	1113.55
Employee/Spouse/Children	0.00	1297.21	1297.21
Employee/Child	0.00	666.20	666.20
Employee/Children	0.00	849.86	849.86
<b>2017 Washington Dental</b>	<b>Employee Monthly Premium</b>	<b>Employer Monthly Premium</b>	<b>Total Monthly Premium</b>
Employee	0.00	54.79	54.79
Employee + 1 dependent	4.88	98.75	103.63
Employee + 2 or more dependents	10.74	151.47	162.21
<b>2017 Willamette Dental</b>	<b>Employee Monthly Premium</b>	<b>Employer Monthly Premium</b>	<b>Total Monthly Premium</b>
Employee	0	60.79	60.79
Employee + 1 dependent	5.31	108.56	113.87
Employee + 2 or more dependents	12.08	169.35	181.43
<b>2017 Vision Service Plan</b>	<b>Employee Monthly Premium</b>	<b>Employer Monthly Premium</b>	<b>Total Monthly Premium</b>
Employee	0	8.21	8.21
Employee + 1 dependent	1.86	8.21	10.07
Employee + 2 or more dependents	12.36	8.21	20.57